



IFW

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : George Blankenship  
For : SYSTEM FOR ENABLING ARC WELDERS  
Serial No. : 10/748,990  
Filed : December 18, 2003  
Examiner : Clifford C. Shaw  
Group Art Unit : 1725  
Date of Last Action : August 18, 2004  
Our Docket No. : LEE 2 13155-1-1

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

I hereby certify that this correspondence is being deposited  
with the United States Postal Service as first class mail  
in an envelope addressed to Commissioner for Patents,  
P.O. Box 1450, Alexandria, VA 22313-1450  
on 10-15-04

Adeline Machado  
(SIGNATURE)  
Adeline Machado

Dear Sir:

In response to the Office Action mailed August 18, 2004, please amend the above-identified  
application as follows:

AMENDMENT TRANSMISSION  
CORPORATIONS (LARGE BUSINESSES)  
DOCKET NO. LEE 2 13155-1-1

In re application of: Blankenship, et al.

Serial 10/748,990

Filed: December 29, 2003

For: SYSTEM FOR ENABLING ARC WELDERS

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on 10-15-04

Adeline Machado  
(SIGNATURE)

Adeline Machado

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

Claims as Filed or Amended						
(1)	(2) Claims Filed or Remaining After Amendment	(3)	(4) Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Total Amount
Total Claims	* 36	Minus	** 36	0	\$18	0
Indep. Claims	* 5	Minus	*** 5	0	\$88	0
Total Additional Fee For this Amendment --->				0		

\* If the entry in Column 2 is less than the entry in Column 4 write "0" in Column 5

\*\* If the "Highest No. Previously Paid For" is less than 20 write "20".

\*\*\* If the "Highest No. Previously Paid For" is less than 3 write "3".

\_\_\_\_\_ A check in the amount of \$ \_\_\_\_\_ to cover the required Fee is enclosed.

X **General Authorization to Charge Deposit Account For All Required Fees, Fees Under 37 C.F.R. 1.17, or All Required Extension of Time Fees.** Should any additional fees be required in connection with this application, during the entire pendency of the application, the Commissioner is authorized to charge any fees which may be required, or credit any overpayment to Account No. 06-0308. This transmission form is submitted in triplicate.

FAY, SHARPE, FAGAN, MINNICH & McKEE

By: ROBERT V. VICKERS

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